

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Section	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Total	62,254,161

Keith A. Tucker,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2012-18335 Filed 7-26-12; 8:45 am]

BILLING CODE 4153-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10333]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title:* Consumer Assistance Program Grants; *Use:* Section 1002 of the Affordable Care Act (ACA) provides for the establishment of consumer assistance (or ombudsman) programs, starting in FY 2010. Federal grants will support these programs. These programs will assist consumers with filing complaints and appeals, assist consumers with enrollment into health coverage, collect data on consumer inquiries and complaints to identify problems in the marketplace, educate consumers on their rights and responsibilities, and with the

establishment of the new Exchange marketplaces, resolve problems with premium credits for Exchange coverage.

Importantly, these programs must provide detailed reporting on the types of problems and questions consumers may experience with health coverage, and how these problems and questions are resolved. In order to strengthen oversight, section 2793(d) of the ACA requires programs to report data to the Secretary of the Department of Health and Human Services (HHS) "As a condition of receiving a grant under subsection (a), an office of health insurance consumer assistance or ombudsman program shall be required to collect and report data to the Secretary on the types of problems and inquiries encountered by consumers".

Analysis of this data reporting will help identify patterns of practice in the insurance marketplaces and uncover suspected patterns of noncompliance. HHS must share program data reports with the Departments of Labor and Treasury, and State regulators. Program data also can offer CMS one indication of the effectiveness of State enforcement, affording opportunities to provide technical assistance and support to State insurance regulators and, in extreme cases, inform the need to trigger federal enforcement. *Form Number:* CMS-10333 (OMB#: 0938-1097); *Frequency:* Quarterly and Annually; *Affected Public:* Private Sector: State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 504; *Total Annual Hours:* 129-261 hours. (For policy questions regarding this collection contact Eliza Bangit at 301-492-4219. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration,

comments and recommendations must be submitted in one of the following ways by September 25, 2012:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number _____, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: July 24, 2012.

Martique Jones,

Director, Regulations Development Group, Division B, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2012-18344 Filed 7-26-12; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS-10169]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality,

utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request*: Revised collection; *Title of Information Collection*: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program; *Use*: The Centers for Medicare & Medicaid Services (CMS) will conduct competitive bidding programs in which certain suppliers will be awarded contracts to provide competitively bid DMEPOS items to Medicare beneficiaries in a competitive bidding area (CBA). CMS conducted its first round of bidding in 2007 which was implemented on July 1, 2008. The first round of bidding was subsequently delayed by section 154 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

As required by MIPPA, CMS conducted the competition for the Round 1 Rebid in 2009. The Round 1 Rebid contract and prices became effective on January 1, 2011. The Medicare Modernization Act (MMA) requires the Secretary to re compete contracts not less often than once every 3 years; therefore, CMS is preparing to re compete competitive bidding contracts in the Round 1 Rebid areas.

The 60-day **Federal Register** notice published on May 7, 2012, (77 FR 26763). Subsequently, the Application for Suppliers/Networks collection instrument has been revised by clarifying, removing and renumbering a few questions. The burden estimate has not changed. *Form Number*: CMS-10169 (OCN: 0938-1016); *Frequency*: Reporting—Occasionally; *Affected Public*: Business or other for-profit, Not-for-profit institutions; *Number of Respondents*: 16,003; *Total Annual Responses*: 20,047; *Total Annual Hours*: 34,795. (For policy questions regarding this collection contact James Cowher at 410-786-1948. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must

be received by the OMB desk officer at the address below, no later than 5 p.m. on August 27, 2012.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, Email: OIRA_submission@omb.eop.gov.

Dated: July 24, 2012.

Martique Jones,

Director, Regulations Development Group, Division B, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2012-18346 Filed 7-26-12; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1434-N]

RIN 0938-AR17

Medicare Program; Hospice Wage Index for Fiscal Year 2013

AGENCY: Centers for Medicare & Medicaid Services (CMS), Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice sets forth the hospice wage index for fiscal year (FY) 2013 and will continue the phase-out of the wage index budget neutrality adjustment factor (BNAF), with an additional 15 percent BNAF reduction, for a total BNAF reduction through FY 2013 of 55 percent. The BNAF phase-out will continue with successive 15 percent reductions from FY 2014 through FY 2016. This notice clarifies that providers should report additional diagnoses on hospice claims. This notice also updates the public on the status of hospice payment reform and the quality reporting program.

DATES: This notice is effective on October 1, 2012.

FOR FURTHER INFORMATION CONTACT:

Anjana Patel, (410) 786-2120 for questions regarding hospice wage index.

Katie Lucas, (410) 786-7723 for questions regarding diagnosis reporting on claims.

Zinnia Harrison, (410) 786-4587 for questions regarding payment reform.

Robin Dowell, (410) 786-0060 for questions regarding quality reporting for hospices.

Hillary Loeffler, (410) 786-0456 for questions regarding this notice.

SUPPLEMENTARY INFORMATION:

Addenda Are Only Available Through the Internet on the CMS Web Site

In the past, the Addenda referred to throughout the preamble of our proposed and final rules or notices were available in the **Federal Register**. However, the Addenda of the annual proposed and final rules, or annual notices, will no longer be available in the **Federal Register**. Instead, these Addenda to the annual proposed and final rules or annual notices will be available only through the Internet on the CMS Web site. The Addenda to the FY 2013 Hospice Wage Index Notice are available at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/index.html>. Readers who experience any problems accessing any of the Addenda to the proposed and final rules or notices related to the hospice wage index that are posted on the CMS Web site identified above should contact Anjana Patel at 410-786-2120.

Table of Contents

- I. Background
 - A. General
 1. Hospice Care
 2. Medicare Payment for Hospice Care
 - B. Hospice Wage Index
 1. Raw Wage Index Values (Pre-Floor, Pre-Reclassified Hospital Wage Index)
 2. Definition of Rural and Urban Areas
 3. Areas Without Hospital Wage Data
 4. CBSA Nomenclature Changes
 5. Wage Data for Multi-Campus Hospitals
 6. Hospice Payment Rates
- II. Provisions of the Notice
 - A. FY 2013 Hospice Wage Index
 1. Background
 2. Areas Without Hospital Wage Data
 3. FY 2013 Wage Index With an Additional 15 Percent Reduced Budget Neutrality Adjustment Factor (BNAF)
 4. Effects of Phasing Out the BNAF
 - B. Clarification Regarding Diagnosis Reporting on Hospice Claims
 - C. Update on Hospice Payment Reform
 - D. Update on the Hospice Quality Reporting Program
- III. Waiver of Proposed Rulemaking
- IV. Collection of Information Requirements
- V. Economic Analyses
 - A. Regulatory Impact Analysis
 1. Introduction
 2. Statement of Need
 3. Overall Impacts
 4. Detailed Economic Analysis
 - a. Effects on Hospices
 - b. Hospice Size
 - c. Geographic Location
 - d. Type of Ownership
 - e. Hospice Base
 - f. Effects on Other Providers
 - g. Effects on the Medicare and Medicaid Programs
 - h. Accounting Statement
 - i. Conclusion
 - B. Regulatory Flexibility Act Analysis
 - C. Unfunded Mandates Reform Act Analysis